

NEWS ANALYSIS

Paris and beyond

Good news and bad – that was a constant if unspoken theme of the 9th World Conference on Tobacco and Health, which took place in Paris, France from 10 to 14 October 1994. Foremost on the bad side were the World Health Organisation (WHO) forecasts of global mortality from tobacco, the main reason for the existence of the conference. There will be about 10 million premature deaths annually by the year 2025, of which seven million will be in the developing countries, the delayed result of their present, rapidly increasing consumption. These estimates may well be conservative. The recently published 40-year follow-up report of the pioneering British doctors study shows that about twice as many smokers are killed by cigarettes as was previously thought: about a half of all smokers die prematurely from smoking-attributable diseases, with the average loss of life among smokers being about eight years.

Incursions by the transnationals

Equally depressing was the record level of tobacco industry aggression that is the main cause of this increase, and which was relayed to conference delegates perhaps more vividly than ever before. As one speaker from the former Soviet Union pointed out, whereas the transnational tobacco companies (TTCs) seemed to have a special focus on South America in the 1970s and on Asia in the 1980s, it is now the turn of Central and Eastern Europe. Countries thirsty for democracy are especially susceptible to the tobacco industry's abuse of the concept of freedom by which it defends its right to promote cigarettes; these countries overlook the fact that many of the world's most stringent tobacco control policies are to be found in some of the strongest democracies.

Control of tobacco trade in the region by the TTCs has shot from 3% to about 70% in the last few years. An already massive burden of disease, with half of the deaths in middle-aged men in the region caused



Ronald M Davis

Two children enter a Marlboro-sponsored car at a Formula One children's ride in Paris (near the Forum des Halles), site of the 9th World Conference on Tobacco and Health. Winston and Camel stickers adorned other cars

by smoking, seems likely to worsen before it improves, as smoking patterns follow western trends, with women catching up in the mortality tables and initiation taking place at younger ages. A Slovenian member of parliament reported how a tobacco industry representative had claimed that diminishing sales in the West were no problem – for every customer lost there, another could be found in the East.

Throughout the developing world, the marketing tactics of the TTCs are increasingly sophisticated, as delegates were constantly reminded. Promotional activities draw on the many creative ways devised to circumvent incomplete advertising controls in the industrialised world. And as their operations expand, previously quiet, "domestic" national monopolies are beginning to copy their marketing and lobbying tactics. A recent interview with the chairman of SEITA, the French national tobacco company, reported in the innovative daily newspaper for conference delegates, clearly showed the company's ambitions for expansion in Africa, the Middle East,

Asia, and Central and Eastern Europe.

Signs of progress

While none of this was new to most conference delegates, the presentation of so much bad news in such a concentrated form could have sent them home with little hope. Certainly, there are few signs of an immediate sharp upturn in the fortunes of international tobacco control, yet amid all the gloom there is still much cause for encouragement. A convenient point for comparison might be the 4th world conference in 1979 in Stockholm, Sweden, the last time the meeting was held in the European region. In the intervening decade and a half, some extraordinary progress has been made. The Paris conference attendance figures themselves attest to this: compared with a few hundred in Stockholm, over 1200 delegates came to Paris; and compared to a mere handful of developing country representatives, and a few token non-western Europeans, Paris was host to about 220 people from developing countries.

Ronald M Davis



A store-front display for Marlboro clothes in Paris (in the Latin Quarter). Cigarette advertising is banned in France

These delegates from the countries with the biggest problems and the least resources were not only there in greater numbers than ever before, but they were highly active. Notable was a record number of African delegates, fresh from the first all-African tobacco control conference (see *BMJ* 1994; 308: 189-91) and a more recent follow-up meeting to organise an African tobacco control commission. Among the star performers were the three journalists whose work on tobacco and agriculture was reported in the last issue of *Tobacco Control* (1994; 3: 248-56). This illustrates dramatically that on questions of economics and the environment (the former being especially influential with African governments), the TTCs are no more to be trusted than they are on matters of health. The end of South African apartheid has also made its mark on tobacco control, releasing new energies and resources and a significantly greater opportunity for true pan-African cooperation.

Asia was also well represented, with much progress to report as well as many challenges ahead. The WHO's Western Pacific Region has provided a commendable lead with its five-year campaign for an end to tobacco promotion in the region by the end of the century. Close cooperation with the local WHO office is also helping advocates in the Middle East. The delegation from Central and Eastern Europe was by far the biggest ever, with many individuals already having taken part in cooperative activities with Western European counterparts. And while Latin America fielded a smaller delegation this time – the last world conference was in Buenos Aires (see *Tobacco Control* 1992; 1:89-92) – they could report continuing and

well-organised cooperation among the anti-tobacco groups in each country in the region.

Perhaps the most heartening sign since Stockholm has been the emergence of a number of new international networks. The International Network of Women Against Tobacco goes from strength to strength, but this year they are joined in the fight by the new International Doctors Against Tobacco. In addition, the Swedish Nurses Against Tobacco are proposing to build an International Network of Nurses Against Tobacco. Dentists, too, had their own conference session, and more than 50 delegates took part in a meeting on religion and tobacco control. The point is not so much that all this happened (which in itself would have seemed a mere fantasy at Stockholm), but that at last tobacco is being placed on the agenda of groups with interests far wider than those of the medical and health professions, and those groups are forming international networks. Religious groups, for example, have played major lobbying roles in Australia and the US; and the potential for such action is even greater in parts of Asia and Africa, where religion is so much more widely practised than in the traditional tobacco markets. As communications improve (few delegates could have escaped a demonstration of the GLOBALink computer network now operated by the International Union Against Cancer), genuine international co-operation is now much more of a reality.

Economics and funding

The economics of tobacco gained a new level of prominence at the conference. Strikingly powerful new data from South Africa were presented, which has already impressed leading members of the new government. From Algeria came news of a dramatic fall in smoking prevalence among men from 77% to 53% in four years, as a result of a 400% price increase. Although this had been imposed for reasons of economic crisis rather than health, the effect is no less striking as a demonstration of the power of price to alter consumption. By far the most dramatic economic data, however, came from a senior economist at the World Bank, whose paper on the effect of tobacco on the global economy (reproduced in this issue on pages 358-61) showed a net negative impact of \$200 billion dollars.

With ammunition like this, surely advocates can now begin to capture the economic high ground from the tobacco industry.

Probably the single most pressing need among tobacco control advocates in the developing world is for funding. Those present in Paris must have had mixed feelings about the many millions of dollars available to colleagues in some of the US states (notably California, Massachusetts, and Michigan), which have earmarked tobacco tax revenues for health promotion activities. Most other states receive funding for tobacco control from the National Cancer Institute, the Centers for Disease Control and Prevention, and/or the Robert Wood Johnson Foundation. The Foundation has also committed \$5 million for tobacco control policy research, with the limitation that it must be spent in the US. However, Canada's International Development Research Centre announced an international tobacco policy research initiative which will target some \$2 million directly to developing countries.

Looking ahead

Thus the next world conference could hear the first results of new programmes in countries where until now the fight between tobacco interests and health advocates has been entirely one-sided. That would be especially appropriate in view of the choice of venue – Beijing, China, in 1997. With a quarter of the world's smokers and a third of its cigarette consumption, China will provide a particularly strong focus for addressing the problems of tobacco control.

It seems likely that delegates to Beijing will feel even more strongly that international efforts to quell the tobacco epidemic, while certainly improved, remain hopelessly inadequate. This sentiment gave rise in Paris to an interesting resolution emanating from Australia for a United Nations convention on tobacco control. While the chances of bringing this to fruition seem far from certain, the promotion of the idea may at least help to put tobacco on the agenda at a higher level in the inter-governmental arena. Those returning from Paris will be especially aware that without such a major change in priority, tobacco control will still have a long way to go. –

DAVID SIMPSON
News editor

Resolutions of the Ninth World Conference on Tobacco and Health

This conference resolves that:

- 1 All nations implement the International Strategy for Tobacco Control (see below).
- 2 The Prime Ministers of Germany, United Kingdom, and The Netherlands be informed by formal letter from the President of this Conference and individual letters from conference participants that their governments' action in blocking the implementation of the Directive on Tobacco Advertising in the European Union is an international scandal and is detrimental to the health of all citizens of the European Union, and by example of the citizens in all developing regions of the world who look to the European Union for leadership in public health policy.
- 3 The International Strategy for Tobacco Control (resolution 1) should be implemented by all the governments of Central and Eastern Europe. Moreover, the Western governments which have the headquarters of the transnational tobacco companies (which now control a majority of the tobacco production capacity in the Central and Eastern European region) should share the responsibility for ending the tobacco epidemic and should assist governments in the region to implement the strategy.
- 4 This conference further resolves that:
 - a) Duty-free sales of tobacco products be prohibited.
 - b) National Governments, Ministers of Health, and the World Health Organisation should immediately initiate action to prepare and achieve an International Convention on Tobacco Control to be adopted by the United Nations as an aid to enforcement of the International Strategy for Tobacco Control adopted by the Ninth World Conference on Tobacco and Health.
 - c) Leaders of all religious communities be urged to adopt an official position and take action to protect humanity from the dangers to health from tobacco.
 - d) An Islamic Council for Tobacco Control be established.
 - e) National governments be encouraged to take measures leading to the adoption of generic packaging as a means of reducing inducements to tobacco consumption.
 - f) In view of the vital importance of information and data exchange, the European Commission is strongly urged to maintain its support for the European Bureau for Action on Smoking Prevention (BASP) to enable this organisation to continue its major contribution to tobacco control in the European Union.

An International Strategy for Tobacco Control

Since measures to deal with the tobacco problem must be comprehensive and long term, the following individual actions should form the basis of such a strategy:

- 1 Legislation to ban all direct and indirect advertising and promotion of tobacco products.
- 2 Legislation to protect young people from tobacco promotion and sales.
- 3 Policies to discourage the onset and maintenance of tobacco use including:
 - a) intensive health education and information to young people and adults;
 - b) wide availability of support for tobacco users who wish to stop.
- 4 Economic policies to discourage production and use of all tobacco products, including:
 - a) progressive significant increases in tax above inflation (and the growth of disposable income), and the allocation of a specific proportion of such taxes for tobacco control purposes;
 - b) action to discourage tobacco production and marketing by the abolition of all subsidies and protection for tobacco growers and the development of alternative economic, agricultural, and international trade policies;
 - c) removal of tobacco from national cost-of-living indexes;
 - d) measures to control smuggling of tobacco products.
- 5 Effective health warnings (on) and regulation of tobacco product packaging and on such promotional material still permitted.
- 6 A policy for the regulation of tar and nicotine content of tobacco products.
- 7 Smoke-free public policies – to protect the health and rights of people in all common environments.
- 8 Policies to block future marketing initiatives of the transnational tobacco industry.
- 9 Effective national monitoring of the tobacco pandemic and the enforcement of these tobacco control measures.

Stamping out cigarettes

A controversy arose recently when the US Postal Service issued a stamp commemorating blues guitarist Robert Johnson (1911–1938) – minus his cigarette. Johnson was honoured

along with other jazz and blues greats in a series of stamps unveiled by the Postal Service at the Mississippi Delta Blues Festival in Greenville, Mississippi, on 17 September 1994. Johnson's cigarette, which appeared in the photograph used as a basis for the design of the stamp, was deleted from the stamp issued (see figure). Postal

Service spokesperson Monica Hand noted that the Citizens Stamp Advisory Committee had recommended the action "because they didn't want the stamps to be perceived as promoting cigarettes".

Thomas Humber, president of the pro-smoking National Smokers Alliance, complained that the deletion of



Blues guitarist Robert Johnson, with and without his cigarette

Johnson's cigarette was "an affront to the more than 50 million Americans who choose to smoke". Letters in *USA Today* (30 September 1994) and the *Chicago Tribune* (29 September 1994) raised other howls of protest, accusing the "self-anointed guardians of the anti-smoking cartel" of puritanical censorship intended to "re-make the world into the perfect setting we wish it would be". However, in a guest column in the *Washington Post* (22 October 1994), American Cancer Society president Irving Fleming defended the action. Fleming noted that stamps "are always artists' renderings, specifically designed to make a particular point about the United States. They are creative efforts, not news photographs or formal history." He pointed out that the stamp, compared with the photograph, also showed Johnson with a different background, moved the guitar, and changed his fingering of the strings.

The National Smokers Alliance is an organisation underwritten by Philip Morris. In 1992 Philip Morris was the seventh largest industrial corporation in the US and made more money that year (\$4.9 billion) than any other company in the US. Humber, in addition to being the president of the National Smokers Alliance, is vice-president of Burson-Marsteller, Philip Morris' public relations firm. Previously he was a public relations director for Philip Morris in Switzerland and prior to that worked for Brown & Williamson Tobacco Company. The National Smokers Alliance sends recruiters around the country to sign up new members, paying a commission for each enlistee. Cliff Douglas, a former lobbyist for the American Cancer Society, observed "The tobacco industry is hiding behind these groups to serve its own interests before the public and Congress. It's a classic example of how big money talks in Washington".

Greenville, Mississippi, in addition to being the site of the Delta Blues Festival, is the home of Washington County Circuit Judge Eugene Bogen. Judge Bogen, in a recent landmark ruling, noted that "Cigarettes are, as a matter of law, defective and unreasonably dangerous for human consumption. Cigarettes are defective because when used as intended, they cause cancer, emphysema, heart disease, and other illnesses". In neighbouring New Orleans, Louisiana, also known for its jazz, black males suffer one of the world's highest rates of lung cancer. According to the US Centers for Disease Control and Prevention, African Americans account for a disproportionate amount of the five million years of potential life lost annually because of smoking (*MMWR* 1994; 43(SS-1): 1-8).

It is good to see the US Postal Service finally taking a step in the right direction, given its clouded track record on tobacco and health. The 1907 issue of the Postal Service honouring the 300th anniversary of the founding of Jamestown prominently displayed tobacco. In 1982 the Centenary issue honouring US President Franklin Delano Roosevelt showed Roosevelt with his cigarette. His death – and those of Presidents Lyndon Johnson and Ulysses S Grant – were related to tobacco smoking.

However, stamps depicting TV news presenter Edward R Murrow and trade union boss George Meany – both well-known smokers – did not show them puffing away. Likewise a stamp honouring Nat King Cole, issued in September 1994, did not show him smoking, even though he died of smoking-attributable lung cancer.* Perhaps it would make sense for stamps to show celebrity smokers with their cigarettes, as long as the role of smoking in their deaths is disclosed in the stamp. The most important action the US Postal Ser-

vice could take would be to join the 54 other nations of the world that have issued anti-smoking stamps and related postal items (see *Tobacco Control* 1992; 1: 5-6; and 1993; 2: 336).

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* See pp 300-1 – ED

Camel burgers

In August 1994, Paris branches of McDonald's fast food chain were found to be distributing magazines containing advertisements for Camel Trophy watches. The 16-page colour magazine entitled *Ça se passe comme ça* (That's what's happening) reports on contemporary pop music and movies aimed at teenagers. Camel Trophy watch ads were displayed on the back page of the magazines. The French anti-smoking group Comite National Contre Le Tabagisme (CNCT) pointed out that very few McDonald's customers would be able to afford an expensive Camel Trophy watch, whereas the new 10 franc packs of Camel cigarettes would be easily accessible to young people. CNCT asked McDonald's, which may have been unaware of the offence, to stop distributing the magazines, or remove the ads, and the latest edition is cigarette-free.

The Loi Evin, the French tobacco law which took effect in January 1993, makes indirect advertising of tobacco via other products illegal, but only when a financial or legal link can be established between a tobacco company and the product. Consequently, a number of offshore holding companies with complex chains of subsidiaries have started to advertise boots, clothing, watches, and other items bearing cigarette brand names since the law was enacted. Establishing a link between the products and the cigarette companies can be a complex business and can take as much as a year, but CNCT believes it is worth filing a complaint with a judge immediately each new abuse is spotted, to ensure that the law is fully enforced. The thought of visits to cigarette company offices by special squads of police investigating on behalf of the judge does have a certain appeal.... – DS

Croatia: win some, lose some

A happy exception to our statement that Croatia's cigarette advertising ban was completely unenforced (see *Tobacco Control* 1994;3:105) has been reported from the town of Rijeka, where Rothmans sun umbrellas and other forms of advertising began to appear early in 1994. Many Croatians were baffled, unaware that the Rothmans brand was even for sale in their country. But Rijeka's Community Inspector, the local administrative official, had no doubt that these were illegal cigarette advertisements, and not simply ads "for the name of a company which produces a lot of different products", as claimed by the shops with the umbrellas. The inspector fined the shops, which appealed, but the State Tribunal, the highest court, duly confirmed that the ads were indeed for tobacco and were thus a violation of the law.

If Rothmans suffered a legal defeat in one of its newest markets, a local company, Rovinj Tobacco Factory, seems to have been more successful in applying the marketing tricks of its international counterparts. In September it sponsored a three-day yachting event using the name of its Ronhill brand. Boats, sails, and the Croatian crew's T-shirts bore the Ronhill logo and there was frequent mention of the brand during TV sports coverage. Apparently the programme for the participants from 12 countries included a tour of the cigarette factory, where they were to be shown the latest product – Marlboro. Overall, despite the win against Rothmans, the outlook for public health in Croatia does not look fair. – DS

Global smoking mortality

Smoking currently accounts for one-sixth of all deaths in developed countries, according to a new report by scientists from the Imperial Cancer Research Fund, the World Health Organisation (WHO), and the American Cancer Society. Worldwide, smoking is already causing three million people to die prematurely each year and this number is increasing. One of the authors of the report, Professor Richard Peto of Oxford University in the UK, said: "In most countries the worst is yet to come. If

current patterns persist, then by the time the young smokers of today reach middle or old age there will be about 10 million deaths a year from tobacco – one death every three seconds."

The report covers deaths from tobacco between 1950 and 2000. It traces the smoking epidemic in developed countries over the previous four decades and contains new, previously unpublished data from each of the major developed countries (including, for the first time, figures for the individual countries of the former Soviet Union), together with projections on deaths in developing countries. A co-author of the report, Dr Alan Lopez of the WHO, said that by 2025 about half a billion of the world's population will be killed by tobacco, representing 16% to 18% of all deaths worldwide. – DS

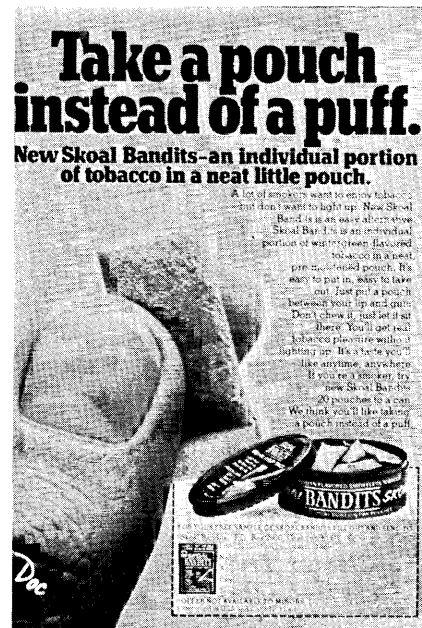
Source: Peto R *et al.* *Mortality from smoking in developed countries 1950–2000*. Oxford: Oxford Medical Publications, 1994.

It's still tobacco

A controversy has broken out among researchers and tobacco control advocates in the US, over plans to give reluctant smokers oral tobacco in place of cigarettes. Smokers over 18 are being recruited by researchers at the Molecular Genetics Program of the University of Alabama at Birmingham (UAB), to see whether they can replace cigarettes with snuff or chewing tobacco. The study's protagonists argue that smokeless tobacco is associated with fewer health risks than smoking; and that it was all about lowering risk – "not ideal, obviously" as Dr Ken Roizen, executive vice president at UAB put it to the *Journal of the National Cancer Institute*, "but there are people who simply will not quit".

But if they will not quit cigarettes, why should they try smokeless? Why not get them to try nicotine gum or patches instead? As Dr Marc Manley, head of Public Health Applications at the National Cancer Institute, puts it, "It certainly raises ethical questions for any health professional to encourage somebody to put a known carcinogen into his or her body when absolutely safe alternatives exist."

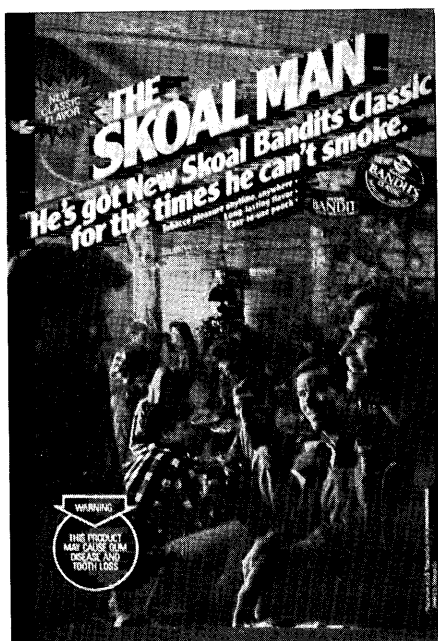
A major concern about what sounds like somewhat misguided research is how the massive US smokeless tobacco industry may handle the results. In a carbon copy of the cigarette industry's response to health research, the big manufacturers of



oral tobacco deny the health hazards known to be caused by tobacco chewing and dipping. These were thoroughly reviewed by the US Surgeon General in his 1986 report, which described oral tobacco use as a significant health risk. It was not, said the report, a safe substitute for smoking cigarettes; it can cause cancer and a number of noncancerous oral conditions, and can lead to nicotine addiction. If the manufacturers are prepared to deny all that, how likely are they to pay even momentary attention to health advocates' concerns about the substitution of smokeless tobacco for smoking? Encouraging its use, of course, is exactly what their entire business depends upon. The problem, then, is not just a question of policy about which forms of nicotine are abused, but how the manufacturers abuse the policy.

Smokeless tobacco manufacturers have already tried to woo smokers to their products by taking advantage of concerns about passive smoking. An ad for Skoal Bandits appeals to smokers to "Take a pouch instead of a puff". The fine print, in a subtle reference to public smoking restrictions, claims that "It's a taste you'll like anytime, anywhere." Another ad features "The Skoal Man", who uses Skoal Bandits Classic "for the times he can't smoke" (see figures). So with these precedents, one would imagine that the makers of smokeless tobacco are already devising strategies to promote the findings of the UAB research.

Other examples of policy abuse by tobacco manufacturers are the ways



cigarette makers have tried to benefit from the toxic reduction component of smoking control policy. This has been seen most clearly in the UK, where tar reduction has been a component of the notorious "voluntary agreements" between the tobacco industry and successive governments for many years. The tobacco industry's abuse has taken two courses: firstly, to try to justify continued tobacco advertising, arguing that to reduce average tar yields, new brands will have to be introduced and advertised to make the public aware of them; and secondly, to over-emphasise the importance of toxicity reduction within overall tobacco control policy. It is, after all, the only aspect of policy which does not necessarily mean reducing consumption; and it is even possible, seeing that lower tar usually means lower nicotine, that lower average tar levels may mean *higher* total sales.

This tactic of trying to substitute tar reduction for all other action was plainly revealed in the early 1980s when a rare set of internal industry documents came to light. These were the "speaking notes" of the tobacco industry's chief negotiator in the fraught negotiations with the uncompromisingly pro-health Sir George Young, first of a long line of health ministers in Mrs Thatcher's government to negotiate with the tobacco industry. Sir George, well motivated, well informed, and well briefed by

health organisations, resisted their ploys. The industry repeatedly tried to establish that "product modification", the canny industry euphemism for "selling just as many, but killing a few less", was the only area of policy that really needed attention. Why did they not just co-operate together on this one, obvious way forward? Sir George staunchly resisted, so that tar reduction was not even covered by the main agreement he squeezed from the manufacturers. They were increasingly worried by then that it would be legislation next time, and had to chase after him with a separate, unilateral declaration on reducing toxicity. (They need not have feared: within a short time Sir George had suffered a "myocalifano infarction", that sudden cutting off of political power in the fight against smoking which is experienced by so many fine health ministers, such as the eponymous Joseph Califano, Health Secretary under US President Jimmy Carter.)

No one doubts the importance of smoking cessation; but no one should underestimate the cynicism with which the manufacturer of one addictive, carcinogenic substance will try to exploit a change in the fortunes of another. In a country without tight comprehensive tobacco control policy, the UAB study seems not only unnecessary, but naïve to the point of recklessness.

DAVID SIMPSON
News editor
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Editor

A (passive) smoker in paradise

John Beasley, a 58-year-old retired taxi driver from Sydney, Australia, suffers from heart disease, asthma, and emphysema. He regularly has fluid drained from his lungs and has been advised by his doctor to not travel in aircraft for more than an hour. He has had a history of asthma attacks when in the presence of tobacco smoke. He became interested in taking a Pacific islands vacation on an ocean cruise ship in April 1994. A travel brochure for P&O's cruise ship *Fairstar* caught his eye because under the bold heading "Other important things you need to know", a para-

graph stated that smoking was not permitted in any of the public areas of the ship except on deck and in three specified lounges.

The brochure stated that intending passengers with pre-existing medical conditions would need to advise the ship's management. Mr Beasley did this and obtained a letter from his doctor declaring that he was fit to travel on the ship, on the assumption that the non-smoking provisions were as they were described in the brochure.

Before the ship left its Sydney mooring, Mr Beasley was required to attend a fire drill in a lounge area that was designated non-smoking. Many people were smoking in the area and he suffered what would be the first of many asthma attacks he would experience on the nine-day cruise. Appeals to the ship's crew to enforce the no-smoking rules proved unsuccessful throughout the cruise and on returning to Sydney he was hospitalised for 10 days.

Mr Beasley is now suing the two companies operating the cruise for breach of contract and misrepresentation. He is seeking reimbursement for his ticket and damages for the health problems he suffered from exposure to cigarette smoke while on the ship.

The case is considered of critical importance in Australia. While the latest survey of smoke-free policies in workplaces shows that some 74% of large buildings claim to be totally smoke-free, Australian Action on Smoking and Health director Anne Jones believes that there is evidence of considerable back-sliding. She receives many calls from office workers who say that their company has an official smoke-free policy but that many workers ignore this with tacit support from management. She believes that many companies have simply "gone through the motions" of declaring a smoke-free policy but do not back this up in practice.

The *Fairstar* case appears to be a clear-cut case of a company offering a smoke-free service to customers and then not delivering. If the case succeeds it will send a major signal to the business community that smoke-free policies must exist not just in word, but in deed. —

SIMON CHAPMAN
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